

# Retention Allowance Recommendation and Allowance Approval Form

**Instructions:** Fill out Parts I and II to grant a retention allowance. Fill out Parts III and IV to continue, reduce or terminate a retention allowance.

**PART I: RECOMMENDING A RETENTION ALLOWANCE** Supervisor completes information in No. 1 and attaches a written justification that addresses the criteria for payment in ADS 467, Mandatory Reference Implementation Guidelines for Authorizing Payment of Retention Allowances, section No. 6. Supervisor forwards request for higher level management approvals in the employing Bureau/Office before sending this form to the Office of Human Resources (M/HR/POD or EM) or IG for required approvals and processing.

## 1. Retention Allowance Request

Name \_\_\_\_\_  
Last First MI

Position Title \_\_\_\_\_ Office Symbol \_\_\_\_\_

Salary \_\_\_\_\_ Pay Plan-Series/Grade/Step \_\_\_\_\_

Expected Duration of Allowance \_\_\_\_\_ Effective Date \_\_\_\_\_

Recommended Amount \_\_\_\_\_ Percent of Salary Added \_\_\_\_\_  
to Basic Pay (Excludes Locality Pay)

Signature of Recommending Official \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Level Supervisor \_\_\_\_\_ Date \_\_\_\_\_

## 2. Administrative Management Staff Action \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Indicate How Allowance Will Be Funded (If Applicable) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3. Head of Bureau or Independent Office Action \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**PART II: FINAL APPROVAL.** The Director, Office of Human Resources (M/HR), or IG/M makes a recommendation based on a review of the request. The Assistant Administrator for Management (AA/M) or designee is the final approving authority for retention allowances for individual employees at GS-15 and below. For SES employees, the Administrator (A/AID) or designee is the final approving authority. For OIG employees, the Inspector General (IG) or designee is the final approving authority.

## 1. Director, M/HR, or IG/M's Action on Request \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**2. AA/M's Action on Request** (Complete only for SES positions) \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**3. Final Action by Approving Official** (AA/M for GS-15 and below, A/AID for SES and IG for all OIG positions)

Name of Approving Official \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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**PART III: RECOMMENDING CONTINUATION, REDUCTION OR TERMINATION OF A RETENTION ALLOWANCE.**

Supervisor completes this section to continue, reduce or terminate a retention allowance. Payment of a retention allowance may be continued as long as the conditions giving rise to the original determination to pay the allowance still exist. Each determination to pay an allowance must be reviewed by the employing Bureau/Office at least every 12 months to determine whether the payment is still warranted. The determination to continue payment of a retention allowance will be certified in writing on this form by the management officials in the employing Bureau or Office who are required to complete Part III of this form.

If a retention allowance is reduced or terminated before the period for which it was authorized, the employing Bureau or Office must provide written notice to the employee two weeks before the effective date of the action. This does not apply if the retention allowance is terminated or reduced because of the EX-1 aggregate limitation on pay or lack of funds in emergencies. (See ADS 467, Mandatory Reference Implementation Guidelines for Authorizing Payment of Retention Allowances, Section No. 8, Reduction or Termination of Retention Allowance.)

**1. Action Requested** \_\_\_\_\_ Continue \_\_\_\_\_ Reduce

Terminate Before Expiration Date Authorized (Specify Expiration Date) \_\_\_\_\_

Percentage of Salary (if applicable) \_\_\_\_\_

Effective Date \_\_\_\_\_ Expected Duration (if applicable) \_\_\_\_\_

Signature of Recommending Official \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Level Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**2. Administrative Management Staff Action** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Indicate How Allowance Will Be Funded (If Applicable) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Head of Bureau or Independent Office Action** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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**PART IV: FINAL APPROVAL** The Director, M/HR, or IG/M makes a recommendation based on a review of the request. AA/M or designee is the final approving authority for continuing, reducing or terminating retention allowances for individual employees at the GS-15 level and below. For SES employees, A/AID or designee is the final approving authority for these actions. For OIG, the IG or designee is the final approving authority.

**1. Director, M/HR, or IG/M's Action on Request**

\_\_\_\_ Approved \_\_\_\_ Disapproved

Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

**2. AA/M's Action on Request** (Complete only for SES positions)

\_\_\_\_ Approved \_\_\_\_ Disapproved

Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

**3. Approving Official's Action (AA/M for GS-15 and below, A/AID for SES or IG for all OIG positions)**

Name of Official \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Disapproved

Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

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Distribution AID Form 400-13:

Original – Official Personnel Folder

Copy – Employee

Copy – Supervisor

Copy – M/HR/POD, M/HR/EM or OIG Records